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PTO/SB/21 (6-98)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

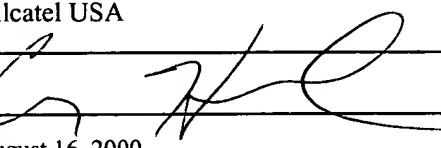
Application Number	09/476,799
Filing Date	December 30, 1999
First Named Inventor	Czerwiec, et al.
Group Art Unit	2749 2100 SEP 16
Examiner Name	Not Assigned
Attorney Docket Number	135511 MAIL

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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

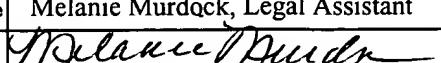
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Alcatel USA	
Signature		
Date	Registration No. 38,917	
August 16, 2000		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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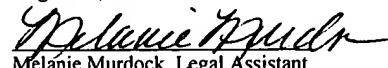
Applicant(s): Czerwiec, et al. Docket No.: 106.1024
Serial No.: 09/476,799 Art Unit: 2749
Filed: December 30, 1999 Examiner: Not Assigned
Title: SYSTEMS AND METHODS FOR ENHANCED RELIABILITY IN A
COMMUNICATION SYSTEM

TRANSMITTAL LETTER TO CORRECT FILING RECEIPT

Attention: Office of Initial Patent Examinations and Customer Service Center
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MAILING CERTIFICATE UNDER 37 C.F.R. §1.8(a)

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Melanie Murdock, Legal Assistant

Dear Sir:

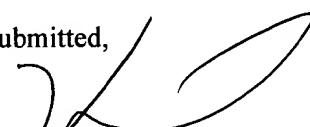
Applicants hereby request that a corrected Official filing Receipt be issued and sent to the undersigned representative. Specifically, the following correction to the Official Filing Receipt is requested:

- ◆ Please change the Attorney Docket No. from [106.1024] to – 135511 --.

In support of the above request, a photocopy of the instant Official Filing Receipt with the corrections noted in red is attached. It is therefore believed proper that a corrected Official Filing Receipt be issued, reflecting the correction of all the above noted errors. It is further requested that the corrected Official Filing Receipt be sent to the undersigned at the earliest possible time.

All correspondence should continue to be directed to the address below.

Date: August 16, 2000

Respectfully submitted,

Craig A. Hoersten
Reg. No. 38,917
Attorney for Applicant(s)

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FILING RECEIPT


OC00000005069348

UNITED STATES DEPARTMENT OF COMMERCE
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COMMISSIONER OF PATENT AND TRADEMARKS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/476,799	12/30/1999	2749	1558	406-1024- /35511	9	35	9

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Date Mailed: 04/24/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

RICHARD Marion Czerwiec, Raleigh, NC ;
Marlin Vaughn Simmering, Clayton, NC ;
Geert Van Wonterghem, Eeklo, BELGIUM;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/136,445 05/28/1999

Foreign Applications

If Required, Foreign Filing License Granted 02/09/2000

Title

SYSTEMS AND METHODS FOR ENHANCED RELIABILITY IN A COMMUNICATION SYSTEM

Preliminary Class

455

Data entry by : EVANS, ELISHA

Team : OIPE

Date: 04/24/2000

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Bib Data Sheet

SERIAL NUMBER 09/476,799	FILING DATE 12/30/1999 RULE	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. 135511
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APPLICANTS

RICHARD Marion Czerwiec, Raleigh, NC ;
 Marlin Vaughn Simmering, Clayton, NC ;
 Geert Van Wonterghem, Eeklo, BELGIUM;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/136,445 05/28/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/09/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 9	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

SYSTEMS AND METHODS FOR ENHANCED RELIABILITY IN A COMMUNICATION SYSTEM

FILING FEE RECEIVED 1558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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